

2025 SEC NAV 5512 INSTRUCTIONS

IMPORTANT: For **ALL** guests planning to attend the 2025 SUBMARINE VETERANS OF WWII MEMORIAL WEEK in November 2025, please read. For all **NON Military Retired Guests** planning to attend, you must submit a current 5512 Form to be cleared for access to the Navy Base for our events. Please follow the guidance below:

1. **IMPORTANT!** If you have an older **Retired Military ID Card** (Or Dependent ID) that has your Social Security Number on it, it is no longer valid and must be replaced. If you reside in an area of the country that does not have a Base and/or a location to get a new ID Card, you can do so when you arrive at Kings Bay. These old ID Cards will not scan through the Base Gate. The Gate Guard will instruct you where to go and how to get to the ID Issuing Office on the Subbase to obtain a new ID Card.
2. A current 5512 Form is **REQUIRED** to be submitted by anyone who does not have a Retired ID Card or a Dependent Retired ID Card.
3. 5512 Form (EXP 31Jul2027) is the current Form in use – no others accepted.
4. Your Social Security Number **MUST BE** included in Block 14 on the 5512 Form along with your Driver's License Number. Failure to complete this will result in the form not being turned into base security for processing. This is not an option, it is a base requirement and must be filled out when submitted to be processed.
5. All blocks on the form must be filled out, **with the exception of** Blocks 25, 26, 27 and Block 29, they are not required. Block 28 **MUST ALSO BE INITIALED!**
6. VHIC (Veterans Health Insurance ID Card): Anyone who possesses an ID Card issued by the Veterans Administration **must still submit** a 5512 Form for access to the Kings Bay Naval Submarine Base. Once this form is submitted, and clearance approved, you must report to the VCC (Visitor Control Center) at the STIMSON Gate to get logged into the DBIDS System (Defense Biometric Identification System). The VHIC ID Card will then be good to be used for access to this Navy Base for 1 Year. If you do not submit a 5512 Form, and you attempt to gain access to the Base, the Officer screening you will not allow you access on the base if you do not come up on his system as having been cleared in DBIDS at the Kings Bay Subbase.
7. The 5512 Form must be submitted by the Submarine Museum to Base Security NLT 30 days from date **signed** by applicant.
8. Once 5512 is turned into Base Security by Keith Post from the Submarine Museum, he no longer has access to the forms.
9. Subbase Security will notify Keith Post at the Museum if there is any issue with an individual's Background Check that would deny entry into the base. Keith will reach out to those folks that any issue arises with their clearance/base access.

DEPARTMENT OF THE NAVY LOCAL POPULATION ID CARD/BASE ACCESS PASS REGISTRATION

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. 113, Secretary of Defense; DoD Directive 1000.25, DoD Personnel Identity Protection (PIP) Program; DoD Instruction 5200.08, Security of DoD Installations and Resources and the DoD Physical Security Review Board (PSRB); DoD 5200.08-R, Physical Security Program; DoD Directive 5200.27, Acquisition of Information Concerning Persons and Organizations not Affiliated with the Department of Defense (Exception to policy memos); Directive-Type Memorandum (DTM) 09-012, Interim Policy Guidance for DoD Physical Access Control; DTM 14-005, DoD Identity Management Capability Enterprise Services Application (IMESA) Access to FBI National Crime Information Center (NCIC) Files; and E.O. 9397 (SSN), as amended; OPNAVINST 5530.14E, Navy Physical Security and Law Enforcement Program; Marine Corps Order P5530.14, Marine Corps Physical Security Program Manual; SORN NM05512-2 Badge and Access Control System Records and DMDC 16, Identity Management Engine for Security and Analysis (IMESA); <http://dpcl.defense.gov/Privacy/SORNsIndex>

PURPOSE(S): To control physical access to Department of Defense (DoD), Department of the Navy (DON) or U.S. Marine Corps Installations/Units controlled information, installations, facilities, or areas over which DoD, DON, or U.S. Marine Corps has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processing/information services for designated populations for purposes of protecting U.S./Coalition/allied government/national security areas of responsibility and information; to issue badges, replace lost badges, and retrieve passes upon separation; to maintain visitor statistics; collect information to adjudicate access to facility; and track the entry/exit times of personnel.

ROUTINE USE(S): To designated contractors, Federal agencies, and foreign governments for the purpose of granting Navy officials access to their facility.

DISCLOSURE: Providing registration information is voluntary. Failure to provide requested information may result in denial of access to benefits, privileges, and DoD installations, facilities and buildings.

IDENTITY PROOFING AND APPLICANT INFORMATION

1. LAST NAME:	2. FIRST NAME:	3. MIDDLE NAME:	4. NAME SUFFIX: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
5. RACE (Check one or more): <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE			
6. GENDER (Check one): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	7. DATE OF BIRTH:	8. CITY OF BIRTH:	9. STATE OF BIRTH:
10. BIRTH COUNTRY:			
11. US CITIZEN (Check): <input type="checkbox"/> YES <input type="checkbox"/> NO		12. DUAL CITIZENSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO CITIZENSHIP IF OTHER THAN US (Country):	

U.S. Citizen Minimum Documentation Required:

By Birth - Social Security No and/or State ID/Drivers License.

Naturalized - Certification Number, Petition Number, Date, Place and Court, United States passport number, Social Security No and/or State ID/Drivers License.

Derived - Parent's certification number, Social Security No and/or State ID/Drivers License.

Alien Minimum Documentation Required:

Registration Number, Expiration date, Date of entry, Port of entry.

13. IDENTITY SOURCE DOCUMENTS PRESENTED:	14. DOCUMENT NUMBER:	15. ISSUED BY STATE/COURT:	16. ISSUED BY COUNTRY:	17. ISSUED:	18. EXPIRES:
<input type="checkbox"/> Social Security No.			United States		
<input type="checkbox"/> State ID/Drivers License			United States		
<input type="checkbox"/> Passport No.					
<input type="checkbox"/> Certification Number and Petition Number					
<input type="checkbox"/> Derived - Parent's Certification Number:			United States		
<input type="checkbox"/> Alien Registration No.			United States		
		Date of Entry:	Port of Entry:		
OTHER APPROVED IDENTITY SOURCE DOCUMENTS:					
<input type="checkbox"/>					
<input type="checkbox"/>					
19. WEIGHT (Pounds):	20. HEIGHT (Inches):	21. HAIR COLOR (Check one): <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Silver <input type="checkbox"/> Auburn <input type="checkbox"/> Bald		22. EYE COLOR (Check one): <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Violet <input type="checkbox"/> Unknown	
23. HOME ADDRESS (Include city, state, zip code):				HOME PHONE (Include Area Code):	
24. BASE SPONSOR'S NAME:				SPONSOR PHONE (Include Area Code):	

EMPLOYMENT ACTIVITY INFORMATION			
25. EMPLOYER NAME AND ADDRESS (Include city/state/zip code):		EMPLOYER PHONE (Include Area Code):	
26. SUPERVISOR NAME AND ADDRESS (Include city/state/zip code):		SUPERVISOR PHONE (Include Area Code):	
27. Check the applicable box for WORK HOURS box or check the OTHER box and enter the work hours, then check the applicable for WORK DAYS:			
WORK HOURS: <input type="checkbox"/> 0600-1800 <input type="checkbox"/> 0800-1700 <input type="checkbox"/> OTHER _____ WORK DAYS: <input type="checkbox"/> SN <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> ST			
PRIOR FELONY CONVICTIONS			
28. Have you ever been convicted of a Felony? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initial			
REQUIREMENT TO RETURN LOCAL POPULATION ID CARD			
29. I understand that I am required to return my Local Population Identification Card to the Base Pass Office when it expires or if my employment is terminated for any reason. _____ (initial)			
AUTHORIZATION AND RELEASE AND CERTIFICATION			
30. I hereby authorize the DOD/DON and other authorized Federal agencies to obtain any information required from the Federal government and/or state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Security Service (DSS), the U.S. Department of Homeland Security (DHS).			
I have been notified of DON right to perform minimal vetting and fitness determination as a condition of access to DON installation/facilities. I understand that I may request a record identifier, the source of the record and that I may obtain records from the State Law Enforcement Office as may be available to me under the law. I also understand that this information will be treated as privileged and confidential information.			
I release any individual, including records custodians, any component of the U.S. Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.			
FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS.			
BEFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY.			
I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE AND CORRECT.			
DATE _____ SIGNATURE _____			
FINAL DETERMINATION ON YOUR ACCESS: The Base Commanding Officer has final authority for determination on granting physical access to DON controlled installations/facilities under his/her jurisdiction.			
BELOW COMPLETED BY BASE REGISTRAR PERSON CONDUCTING IDENTITY PROOFING and NCIC CHECK			
31. INFORMATION VERIFIED BY:	32. ENTERED IN C/S SYSTEM BY:	33. PASS ISSUE DATE:	34. PASS EXPIRATION DATE:
35. NCIC CHECK PERFORMED BY:	36. RESULTS OF NCIC CHECK:		37. RESULTS OF LOCAL RECORDS CHECK:
	<input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER: _____		<input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER: _____
Office of Under Secretary of Defense, DoD Manual 5200.08 VOLUME 3, PHYSICAL SECURITY PROGRAM: "ACCESS TO DOD INSTALLATIONS," January 2, 2019. The DoD Manual requires DoD installation government representatives query the National Crime Information Center (NCIC) and Terrorist Screening Database to vet the claimed identity and to determine the fitness of non-federal government and non-DoD-issued card holders (i.e. visitors) who are requesting unescorted access to a DoD installation. The minimum criteria to determine the fitness of a visitor is: 1) not on a terrorist watch list; 2) not on a DoD installation debarment list; and 3) not on a FBI National Criminal Information Center (NCIC) felony wants and warrants list.			
Additionally, SECNAV Memo, Policy for Sex Offender Tracking and Assignment and Access Restrictions within the Department of the Navy, of 7 Oct 08 and OPNAVINST 1752.3 established the Navy's policy on sex offenders, requiring Region Commanders (REGCOMs) and Installation Commanding Officers (COs) to prohibit sex offender access to DoN facilities and Navy owned, leased or PPV housing. This form describes the authority and purpose to collect and share the required information; and identifies the applicant/visitor and sponsor; and authorizes the DoD to perform the minimum vetting and fitness determination criteria. A favorable response on the vetting and fitness determination is required to receive access to DOD controlled installation/facilities.			